

UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE
**DIRECT DEPOSIT OR EPPICARD
AUTHORIZATION FORM**



This form must be completed, signed and received by **the Department of Workforce Services (DWS)**. **RETURN TO:** Utah Department of Workforce Services, PO Box 45266, Salt Lake City, UT 84145-0266, or Fax (801) 526-4401.

Name (Print) _____ Social Security # _____

Select one:

☐ I authorize **DIRECT DEPOSIT** of my UI payments into my **CHECKING** account.

Please write VOID and your social security number on a blank unsigned check and enclose it with this form. (Do not write over the routing and account numbers at the bottom.) If you cannot provide a voided check, please contact your financial institution to get the following required information.

Financial Institution _____

Routing Number _____

Account Number _____

☐ I Authorize **DIRECT DEPOSIT** of my UI payments into my **SAVINGS** account.

Please contact your financial institution to get the following required information.

Financial Institution _____

Routing Number _____

Account Number _____

☐ I authorize payment of my UI benefits into the Utah **EPPICARD MASTERCARD DEBIT** account.

If you change from Direct Deposit to the EPPICard, you must call the Claims Center to complete this process.

I understand that applicable Banking Laws, Rules and Regulations will govern Unemployment Insurance benefit payments paid by direct deposit to the financial institution designated above, or paid using the Utah EPPICard Master Card Debit Account.

Signature _____ Date _____